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2009

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: willialy pay (such as Mationial Adaid of neserve pay), redefar remembers programs, and perior	beliefly leceived bilder the Social Security Act.	Colly Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
SIMPLE OF TEXAS RETIREMENT ANNUALITY		25,200
BELINOA (SPOUSE). MEMORIAL BATTIST CHURCH	spouse sourcy	7,200

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Conduct. A firest envelope for definition in the first is included in each method a finite package.	s IIII y packays.		
Source	Activity	Date	Amount
_	Speech	Feb. 2, 2009	\$2,000
XYZ Magazine	Article	Aug. 13, 2009	\$500

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5	DC,	Sp	the the you pau les cia Go or opt	provid each reporti not se accou period traded of its Block instruc	Ide dur exc od, whi ince land nar tick pla		
OUR HOUSTON HOME	Examples:	SP Mega Corp. Stock	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).	Asset and/or Income Source	BLOCK A
* ×	+-+	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	ABCDEFGHIJKL	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Value of Asset	BLOCK B
×	+-+	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership	Income or Farm Income)	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" For all other assets including all IRAs, indicate the type of income by checking the appropriate box belowing the appropriate box belowing the should be listed as income. Check "None" if asset did not generate any income during calendar year.	Type of Income	BLOCK C
×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	##	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>Including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D
		S (partial)	See below for example. P, S, E		asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Transaction	BLOCK E

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										STATE OF TEXAS RETIREMENT		BLOCK A Asset and/or Income Source	SCHEDULE III — ASSETS AND Continuation Sheet (if needed)
											None	BLOCK B Year-End Value of Asset	ASSETS AND "UNEARNED" INCOME (if needed)
										Ationed	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	BLOCK C Type of Income	Name Name
											None	BLOCK D Amount of Income	m Cullman
											ம். மி. மி.	BLOCK E Transaction	Page S of 9

SCHEDULE IV - TRANSACTIONS

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Over \$50,000,000

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 		,		 				-		(O I			 7
					X				SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
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									×		SALE		Type of Transaction
											EXCHANG	E	ction
											Check Box if Gain Exceed		
									10-12-09		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or	Date
								,			\$1,001- \$15,000	₩.	
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											\$100,001- \$250,000	ľπ	Amount of Transactio
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											\$1,000,001- \$5,000,000	Ι	sacti
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SCHEDULE V- LIABILITIES

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business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

	SP, DC, JT
Ambrican Express	Creditor Example: First Bank of Wilmington, Delaware
KENDENING CROST	Type of Liability Mortgage on 123 Main St., Dover, Del.
,	\$10,001- \$15,000 Ø
	\$15,001- \$50,000 P
	\$50,001- \$100,000
	× \$100,001- \$250,000 m
	\$250,001- \$500,000 TO
	* \$100,001- \$250,000 m \$250,001- \$500,000 T \$500,001- \$1,000,000 G \$1,000,001- \$1,000,001-
	\$5,000,000 x 3
	\$25,000,000 \$25,000,001-
	\$50,000,000 C

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

a spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to

Source	Date(s)	City of Departure - Destination - City of Return	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
,	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 611	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
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SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

			Position	zations); and positions solely of an honorary nature.
	T F		Name of Organization	onorary nature.

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of